



**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	GMU-22U
First Named Inventor	Farrokh Alemi
COMPLETE IF KNOWN	
Application Number	10/054706
Filing Date	01/24/2002
Art Unit	2161
Examiner Name	unknown

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Assessment of Episodes of Illness

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 01/24/2002 as United States Application Number or PCT International

Application Number 10/054,706 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Pag 1 of 2]



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number or Bar Code Label **28598** OR ☐ Correspondence address below

Name **George Mason University, Office of Technology Transfer**

Address **4400 University Drive, MSN 5G5**

City **Fairfax** State **VA** ZIP **22030**

Country **USA** Telephone **703-689-4881** Fax **703-689-4880**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name **Farrokh** Family Name **Alemi**
(first and middle [if any]) or Surname

Inventor's Signature  Date **April 3, 2002**

Residence: City **McLean** State **VA** Country **USA** Citizenship **USA**

Mailing Address **1319 Ozkan Street**

City **McLean** State **VA** ZIP **22101** Country **USA**

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name **Valentin** Family Name **Prudius**
(first and middle [if any]) or Surname

Inventor's Signature  Date **Apr 20, 2002**

Residence: City **Oak Hill** State **VA** Country **USA** Citizenship **Moldova**

Mailing Address **13633 Cedar Run Ln.**

City **Oak Hill** State **VA** ZIP **20171** Country **USA**

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.